

Request for a Wisconsin Works (W-2) Fact Finding Review

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Requestor	Case Number	Telephone Number – Requestor
Address – Requestor (Street, City, Zip Code)	Name – W-2 Worker	

You may ask for a Fact Finding Review for any of the reasons listed below. You must ask the W-2 agency for the Fact Finding Review within 45 days from the date on your decision notice, or within 45 days from the effective date of the decision, whichever is later.

Indicate the date(s) you were notified of the decision(s) and attach a copy of the notice(s) if possible: _____

Check the reason(s) below you are asking for the Fact Finding Review.

Wisconsin Works W-2	Emergency Assistance EA
<input type="checkbox"/> My application was denied for W-2.	<input type="checkbox"/> My application was denied.
<input type="checkbox"/> My application was not acted upon within 12 working days or up to 30 working days if additional time was granted for verification.	<input type="checkbox"/> My application was not acted upon within 5 working days.
<input type="checkbox"/> My placement in W-2 is wrong.	<input type="checkbox"/> My Emergency Assistance amount is wrong.
<input type="checkbox"/> My placement begin date is wrong.	
<input type="checkbox"/> I was denied an extension to my W-2 time limit.	
<input type="checkbox"/> My W-2 case was closed or my payment ended.	Job Access Loan JAL
<input type="checkbox"/> I do not agree with the payment reductions applied to my payment for the month(s) of:	<input type="checkbox"/> My application was denied.
<input type="checkbox"/> The overpayment applied to my case is wrong.	<input type="checkbox"/> My application was not acted upon within 12 working days.
<input type="checkbox"/> My good cause request for non-cooperation with child support was denied.	
Explain why you think the W-2 agency's decision is wrong.	
The Fact Finding Review will not delay or prevent your right to request a Fair Hearing for FoodShare, BadgerCare Plus, Medicaid, and / or Child Care with the Department of Administration, Division of Hearings and Appeals. To request a Fair Hearing, ask your FoodShare, BadgerCare Plus, Medicaid or Child Care agency for form DHA-28.	
SIGNATURE – Applicant / Participant <input type="checkbox"/> Telephone Request (no signature required)	
Date Requested	

NOTE: Retain Completed Form in Case Record